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ABSTRACT

Providing transportation to children younger than kindergarten age has become more common for public school districts, and school personnel are unsure as to the rules, guidelines, and best practices that apply to the youngest school bus passengers. This document outlines the current Illinois requirements regarding the transportation of very young children without special needs. The first section of the document lists the early childhood programs in Illinois for which transportation is provided. The second section includes contributing factors to be considered when transporting young children. The third section delineates guidelines for administrators, bus drivers, bus attendants, and parents/guardians. The fourth section lists areas of training for transportation personnel. The fifth section presents information on child restraint systems in school buses. The sixth section discusses procedures for emergencies. The seventh section outlines procedures regarding school bus evacuation. The eighth section discusses radios and two-way communication systems, including communication codes. The ninth section provides information on supervision, including the recommended driver-to-child ratios. The tenth section discusses seating requirements. The eleventh section provides information on universal precautions. Six appendices include lists of first aid training providers, resources for training regarding young children, and the text of the Child Passenger Protection Act. (KB)

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FOREWORD

Providing transportation to children younger than kindergarten-age has become more and more common for public school districts in the last years. Often, school personnel are unsure as to the rules, guidelines, and best practices that apply to our youngest school bus passengers.

This resource document was created by the Pupil Transportation Project Team Infant, Toddler and Preschool Subcommittee convened by the Illinois State Board of Education. It outlines the current requirements regarding the transportation of very young children, without special needs and provides guidance for the safest possible ride.

As information, rules, and laws change, revisions will be made to the document and forwarded to each school district. In this way, we hope young children of Illinois will benefit from improved safety practices and the risks of injury will be significantly reduced.

Questions regarding the information presented here or on pupil transportation in general should be directed to Alvida Petro, State Director of Pupil Transportation, State Board of Education, Division of Funding and Disbursement Services, 100 North First Street, Springfield, IL 62777, (217) 782-5256.

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INTRODUCTION

Young children, ages five and under, in rural, suburban, and urban areas are daily passengers on school vehicles. These children depend on transportation personnel to provide a safe ride to and from their educational programs. Transportation is a critical component for children and their families accessing services to support a child's growth and development. Transportation should be established as the mutual responsibility of parents, transportation personnel, and service providers.

Programs supported and funded by federal, state and local governments have made great strides in developing, designing, and providing services for young children and their families. The following list details early childhood programs in Illinois for which this type of transportation is currently being provided:

- Bilingual Preschool Programs
- Child Care/Early Childhood Occupations Programs
- Child/Parent Centers
- Head Start/Even Start
- Model Early Childhood Parental Training Programs
- Prekindergarten Programs for Children at Risk of Academic Failure
- Prevention Initiative Programs
- Single Parents, Displaced Homemakers and Single Pregnant Women Programs

Transportation providers need to be knowledgeable and develop skills to adequately provide for the safety of young children transported on school vehicles. Transportation for children ages five and under is provided in a number of different types of vehicles. School districts and child care facilities can choose either first division vehicles or school buses to transport children in this age group. (The use of second division vehicles that are not classified as school buses is discouraged.) The term "school vehicle" includes school buses, as well as first division vehicles.

Infants, toddlers, and preschoolers require a great deal of supervision during the time that they are in the school vehicle. Some issues that must be addressed to assure safe transportation include physical handling, communication with young children, behavior management, child restraint systems, safety vests or harnesses, or other occupant securement systems, length of ride, personnel training and parent/guardian responsibilities.

TRANSPORTATION SERVICES FOR INFANTS, TODDLERS AND PRESCHOOLERS

Providing the safest possible ride for young children is a primary concern. Given the absence of data for transporting this population on school buses, this resource document is provided as a guideline for school districts in Illinois. The issue of child restraint systems in school buses is becoming more and more prevalent as the transportation needs continue to increase for younger children.

Federal Motor Vehicle Safety Standard 213 (49 CFR 571.213) establishes requirements for the design and performance of child restraint systems. However, this standard does not provide a basis for assessing the crashworthiness of the restraints when used inside a school bus.

Compartmentalization, or keeping passengers confined to a padded compartment in a crash, is the major principle by which school bus passengers are currently protected. In general, the higher padded seat back and the closer spacing between rows provides compartmentalization for children five years of age and older who weigh at least 40 pounds. However, most infants, toddlers, and preschoolers are under five years old and do not weigh 40 pounds.

The absence and importance of school bus safety information pertaining to very young children is recognized by professionals in both the early childhood and transportation safety realms. National Highway Traffic Safety Administration (NHTSA) has begun research in this critical area. Based on information available at this time, both NHTSA and the American Academy of Pediatrics recommend that anyone who transports young children in school buses provide appropriate and federally approved child restraint systems.

In February 1998, representatives from NHTSA, National Association for Pupil Transportation (NAPT), and National Association of State Directors for Pupil Transportation Services (NASDPTS) met in Washington, D.C. to discuss the transportation of infants, toddlers and preschoolers. The result of this meeting established the following three recommendations for transporting children of this age group on school buses.

1. That a child should be transported in a child restraint system that meets the applicable Federal Motor Vehicle Safety Standard (49 CFR 571.213);

2. That the child should be properly secured in the child restraint system; and

3. That the child restraint system should be properly secured in the school bus using seat belt assemblies and anchorages that meet Federal Motor Vehicle Safety Standards (49 CFR 571.209 and 210).

The group also concluded the need for standardized driver and/or monitor training, as well as specific guidelines for infants, toddlers and preschool children with special needs. **(See Appendix F for the Guidelines mailed February 1999)**

This resource document will serve as a guideline in Illinois until NHTSA issues its guidelines for the transportation of infants, toddlers and preschoolers in school buses. This question can be answered by considering the information presented at the Mid-State Transportation Conference held in Chicago May 28 through May 31, 1998. Ted Finlayson-Schueler, Syracuse, NY, (Pupil Transportation Safety Institute) pointed to the following contributing factors that must be considered when transporting young children.

- Drivers can lose sight of very young children as opposed to bigger, older students.
- Small children have been known to climb into wheel wells.
- Young children can be thrown more easily from their seats.
- Young children are more often left on the school bus at the end of a route, posing danger to the child in excess heat or cold.
- Younger children do not process sounds the same way as older children.
- Younger children have 1/3 less peripheral vision than older children.
- Younger children have shorter attention spans than older children.
- Younger children do not judge moving objects well (do not perceive an approaching vehicle's changing size as a threat).
- The size of a young child makes it difficult to step up on school bus steps.
- High windows do not allow younger children to see out the school bus window.
- Seats and seat backs are not always appropriate for young children.
- **Most importantly**, young children should be included in emergency evacuation drills and taught how to evacuate with other children. If necessary, include second-floor ladders as a precaution when school buses have roof hatches.

GUIDELINES

The following information is designed specifically to assist with transportation decision making for infants, toddlers, and preschool children. Also, refer to the Administrators' Manual which precedes the Pupil Transportation Resource Library.

Administrator's Role

The transportation supervisor, who is often the district superintendent or his/her designee, should be responsible for the supervision of transportation services for infants, toddlers and preschool children. It is essential that this individual be knowledgeable about the unique needs of the age group. Transportation personnel responsible for the daily transportation of young children must receive appropriate training from professionals qualified to make decisions regarding child safety, seating, communication and physical handling. Each school district must have policies and procedures in place regarding the transportation safety of all school bus passengers, including children from birth to five (23 IL Admin Code 275.100(f), Pupil Transportation Rules and Regulations). The transportation supervisor is responsible for the following:

a. Vehicle selection;
b. Personnel training (school bus driver, bus attendant, etc.);
c. Selection of equipment and occupant securement and deciding who will place and secure the child in the child restraint, i.e., parent/guardian or attendant;
d. Dissemination of parent/guardian responsibilities information;
e. Establishing emergency policies and procedures;
f. Establishing staffing requirements (including provisions for child supervision).

Driver's Role

In addition to the regular school bus driver initial training, found in the Illinois School Bus Driver Training Curriculum, and the required annual refresher, employers will be responsible for providing training to insure that their drivers are knowledgeable about the responsibility for each child age five and under on the school bus. Substitute drivers also need to be trained specifically about infant, toddler and preschool children prior to working with this population on a legal school vehicle. In addition to their regular duties, the drivers will be responsible for the following:

a. General knowledge about the development of young children;
b. Age-appropriate physical handling, communication, and behavior management of young children;
c. Appropriate use of all the equipment (e.g., child restraint systems, safety vests, occupant restraints and safety belts);
d. Evacuation and evacuation drills under the supervision of the authorized district official;
e. Child protection laws (e.g., abuse and neglect);
f. Communication with school staff, students, parents, law enforcement officials, and the motoring public.

Bus Attendant's Role

The bus attendant on school buses transporting young children shares the primary responsibility for the supervision and safety of passengers on the school bus during its operation. Employers will be responsible for training bus attendants so that they are knowledgeable about infant, toddler, and preschool child development. Attendants should have general knowledge of the following:

a. The development of young children;
b. Age-appropriate physical handling, communication, and behavior management of young children;
c. Appropriate use of all the equipment (e.g., child restraint systems, safety vests, occupant restraints and safety belts);
d. Evacuation and evacuation drill procedures;
e. Child protection laws (e.g., abuse and neglect);
f. Communication with school staff, students, parents, law enforcement officials and the motoring public.

Attendance at the initial and annual refresher training courses provided for school bus drivers would be an additional training tool.

Parent's/Guardian's Role

The parents or legal guardians should be aware of the transportation requirements for their child. These requirements may include child restraint systems, child safety seats or occupant restraint systems. (See Appendix F)

The parent or legal guardian should be responsible for escorting infants, toddlers, and preschoolers to the vehicle and receive the child upon his/her return home. If this procedure varies, parents/guardians should follow established district policies with regard to delivering and securing children in their school vehicle and receiving the children on the return home.

TRAINING

Transportation personnel responsible for infants, toddlers and preschool children should receive training. Training should be conducted by the employer's staff or other professionals knowledgeable about the needs of young children being transported. (See Appendix B) The employer should provide checklist to record that specific skills have been mastered by all transportation personnel. It is essential that all first-aid training be specifically designed for infants, toddlers, and preschool children. The Illinois State Board of Education has a list of approved providers. (See Appendix A) Ongoing training should be conducted by qualified personnel in their respective areas of expertise. Comprehensive training for transportation personnel providing services should include the following topics to support safety and appropriate transportation services for these young children and their families.

- Communication (supervisors, drivers, attendants, school personnel, and parents/guardians)
- Emergencies
- Emergency evacuation drills
- Emergency information management requirements
- Equipment
- Federal and State regulations
- First-aid training
- Knowledge regarding the development of infants, toddlers, and preschool children
- Loading and unloading
- Pick-up and drop-off, including provision for when an adult is not at the scheduled drop-off
- Required record keeping
- Reports
- Vehicle selection
- Avoiding unnecessary hand movements while securing children in child restraint systems.

In addition to employer training, school bus drivers must complete the initial and annual refresher training required under Section 6-106.1(8) of the Illinois Vehicle Code (625 ILCS 5/6-106.1(8)) for acquiring and maintaining the school bus driver permit. Classes are provided and scheduled by the regional offices of education. Attendance at an initial or refresher training class requires pre-registration and payment of a training fee to the regional office.

CHILD RESTRAINT SYSTEMS IN SCHOOL BUSES

It is important to acknowledge the existing limitations regarding child restraint systems that are not designed for use in school buses. Presently, there are no federal guidelines for the use of child restraints in school buses. Type I school buses (GVWR over 10,000 lbs.) are not required by state or federal law to be manufactured with seat safety belts at each seating position. Of course, seat safety belts are required for proper installation of child restraint systems. Federal Motor Vehicle Safety Standard (FMVSS) 222 requires seat safety belts for each seating location in Type II school buses (GVWR 10,000 or less) manufactured after March 1977. As a result, it is much easier to utilize child restraint systems in Type II school buses. The Illinois Child Passenger Protection Act does not require the use of child restraint systems in some Type II school buses. (See **Child Passenger Protection Act in Appendix E**).

Additional challenges are related to the proper use and installation of child restraint systems in school buses. These challenges include the following:

1. Limited space between bus seats makes it difficult for transportation personnel to position the child and to secure the restraint to the bus seat.

2. The upright angle and firm smooth surface of the bus seat allow for little flexibility to adjust the recline angle and secure the restraint system.

3. Type I school buses lack seat safety belts necessary for securing a child restraint system. School buses that may require seat belts should be manufactured with "seat belt ready" seats. This may include reinforced seats as well as reinforced seat frames. **Retrofitting an existing seat for seat belt installation should be done with extreme caution.** The school bus body manufacturer should be consulted before this is attempted.

All child restraint systems used on school buses must

- Meet the specifications of FMVSS 213 (Child Restraint Systems) (Refer to US DOT reference in Transportation Resource Library.);
- Be used and installed according to restraint manufacturer's instructions;
- Be clearly marked with the model number and date of manufacture;
- Have instructions available to transportation personnel for proper installation and usage;
- Not be under a recall which recommends non-use of the restraint;
- Have all parts intact and in working order;
- Be secured to bus seat with a seat safety belt that meets FMVSS 209 (Seat belt assemblies);
- Have seat safety belts installed with anchorages that meet FMVSS 210 (Seat belt assembly anchorages);
- Have infant-only child restraints attached to the school bus seat in a rear facing position;
- Not be adjacent to any emergency exit door;

- Have the seat immediately behind the restraint meeting FMVSS 210 with belts that meet FMVSS 209 or the seat immediately behind the restraint should be unoccupied; and
- Have the wall position next to a restraint remain unoccupied by a passenger.

EQUIPMENT

Child Restraint Systems

Every child restraint system used on any school vehicle must be appropriate for the individual child and must be used correctly.

Infant-Only Child Restraint: Infant restraints can be used from birth to at least 20 pounds and at least one year of age. The restraint must always be oriented to face the rear of the vehicle. The restraint must never be positioned in the front seat of a vehicle. The infant's head must be completely inside the seat. The retainer clip should be positioned mid-chest or at armpit level on the child. The retainer clip must not be removed as it keeps the harness straps on the infant's shoulders and prevents the child's ejection from the seat. The harness should lie flat and fit snugly against the infant's body, as specified by the manufacturer.

Convertible Child Restraint: Convertible child restraints can be used from birth to about 40 pounds. These seats are used rear-facing for infants and forward-facing for toddlers. Infants should ride rear-facing until at least 20 pounds and one year of age. For the infant position, the harness straps should be in the lowest slots. The retainer clip should be positioned mid-chest or armpit level. For the toddler position, the retainer clip should again be positioned mid-chest or armpit level. The child's hips should be positioned against the back padding of the restraint.

Built-In Child Restraint: When available, built-in child restraints can be used instead of forward-facing convertible seats. Follow the instructions with each device. Weight limits for children will vary. Always keep seat belts and harness straps snug.

Booster Child Restraint: Booster seats are designed for children who have outgrown convertible seats. Do not use shield boosters for children under 40 pounds, even if they are labeled for use at a lower weight. Use a belt-positioning booster if the vehicle has both lap and shoulder belts. The booster raises the child up so that the lap and shoulder belts fit properly. Be sure to keep the lap belt tight and low across the child's hips and make sure the shoulder belt lies flat across the shoulder, away from the neck and face. Shield boosters do not provide as much upper body protection as belt-positioning boosters, but they are better than poorly fitting lap belts used alone.

Do not use a child restraint system that

- was made before January 1981,
- was ever in a crash,
- does not have a label with the date of manufacture and model number,
- does not come with instructions,
- has any visible cracks in the frame of the seat,
- is missing parts.

WARNING: Infant feeder seats, strollers and home booster seats **are not approved** for transportation in **any motor vehicle**.

Safety Vests

Safety vests are not recommended to be used for children under the age of three. Vest selection should be appropriate for the height, weight, and waist of the child. Children who slide or 'submarine" under the vest/safety belt should be securely fitted with a crotch strap supplied by the manufacturer.

The decision to use a vest should be made by district personnel and the parent. Vests should be anchored as specified by the manufacturer.

When Is a Child Ready for a Regular Seat Safety Belt?

It is best to keep the child in a convertible or booster seat for as long as possible. However, if the child has outgrown the seat, be sure the vehicle's seat belt fits the child correctly. The belt should fit across the shoulder and the lap belt must lie low and flat across the hips. If the shoulder belt crosses the child's throat, or the lap belt crosses the stomach, the child is too small and should stay in a booster seat. Keep in mind the following points:

- Never tuck the shoulder belt under the child's arm or behind the child's back.
- If only a lap belt is available, make sure it is worn tight and low on the hips, not across the stomach.

(**Seats for Growing Children** is a 26-page resource available from the Illinois State Board of Education as additional information for Appendix F. Contact Alvida Petro: 217/782-5256; fax: 217/782-3910; e-mail: apetro@smtp.isbe.state.il.us)

EMERGENCY INFORMATION

All parents/guardians should be requested to fill out emergency information cards prior to initiating services. The card should contain at least the child's name, date of birth, program attending, height, weight, parent/guardian name, address, and a minimum of three emergency phone numbers. The information should be updated at the beginning of each school/program year. Districts should give this information to the school bus driver whenever a change occurs.

Districts must have transportation policies in place that deal with "nondeliverable" students, i.e., those whose parents or emergency contacts are not available to accept the child on the return home. Infant/toddler/preschool programs (except Special Education programs) are generally elective. If the district sets a limit of three such incidents in their transportation policies and the parent/guardian meets or exceeds that limit, the district may suspend the child from the transportation portion of the Early Childhood program until the child reaches kindergarten age.

School bus drivers are trained in the initial classroom training course about nondeliverable situations and are also directed to follow the procedures set forth by the district. Young children are traumatized enough by a situation when parents are not at home to receive them. **NEVER TAKE A CHILD TO A POLICE STATION.** The district is responsible for the safety of the child. When all established contacts have been exhausted, the district should have an arrangement with the Department of Children and Family Services or other community services that are operating child care facilities, e.g., park district, etc., for situations that exceed the limits set forth in district policy.

EVACUATION

All school districts transporting infants, toddlers, and preschool children must have a written school bus evacuation plan. Evacuation drills must be practiced twice annually under the direct supervision of the school district superintendent or his/her designee (Refer to the Illinois School Code, Section 27-26, 105 ILCS 5/27-26).

School bus evacuations must be practiced with students on school property. Emergency response personnel should be familiar with these policies, procedures and techniques and asked to participate. School bus drivers should be included in all school bus evacuation drills. Since the driver must consider whether the safest place for students is on the bus or out of the bus, the students should be comfortable with following the directions of the driver.

Procedures for school bus evacuation and evacuation drills are located on pages 96 through 105 of the Illinois School Bus Driver Training Curriculum. The driver will be able to offer valuable input into the safest evacuation practice. All bus-riding students, including those transported on extracurricular trips, must participate.

RADIOS/TWO-WAY COMMUNICATION

All school vehicles transporting infants, toddler, and preschool children should have two-way communication systems or cell phones and designated contact persons during the time the children are transported on the school vehicle. The driver should use the radio as a working tool. The two-way radio is **not** for personal use.

The following codes will help with communication between district/employer and driver:

10 Codes = For parts of the State of Illinois

10-1	Unable to OK
10-4	OK
10-5	Relay
10-7	Out of Service
10-8	In Service
10-9	Repeat
10-10	Fight
10-13	Route Completed
10-19	Return
10-20	Location
10-23	Arrive
10-30	Ready for Assignment
10-33	Emergency
10-36	Time Check
10-41	Radio Check
10-47	Brake Problem
10-50	Accident
10-51	Need Wrecker
10-52	Need Ambulance
10-T	Tornado Watch (Never Say Tornado)

Each district needs to have a special code for a hostage and/or weapon situation for use with either the two-way radio or cell phone. Districts should have contingency plans in place for such situations.

SUPERVISION

Districts should establish policies on the ratio of attendants per number of infants, toddlers, and preschoolers in each school vehicle.

All infants, toddlers, and preschool children must be supervised on the school bus using appropriate child/staff ratios. Additional supervisory personnel required to transport individual students should be determined on a case-by-case basis by qualified personnel. The following ratio should be used when transporting infants/toddlers and preschoolers.

1. A driver alone may transport two infants or three toddlers and shall be assisted by an adult attendant for each additional one to three infants or one to four toddlers.

2. A driver alone may transport eight children between two and five years of age and should be assisted by an adult attendant for each additional one to eight children between two and five years of age.

3. A driver alone may transport ten children between three and five years of age and should be assisted by an adult attendant for each additional one to ten children between three and five years of age.

4. When children under two years of age are transported with children two years of age or older, the staff/child ratio should be in accordance with DCFS Administrative Rule, Section 407.190. (See Appendix E)

5. When school-age children are transported for program activities, the staff/child ratio should be in accordance with DCFS Administrative Rule, Section 407.190.

SEATING

All school vehicles transporting infants, toddlers, and preschool children should have a seating chart that is kept on the school bus. This is necessary in the event of an emergency while there is a substitute driver or assistant. District policies should outline the procedures to follow and provide the names of the children and the order the children should be picked up and delivered back home.

If a first division vehicle is the chosen form of transportation, no child under the age of 12 years old should be allowed to sit in the front passenger seat of a vehicle. Children under the age of 12 have been seriously injured or killed from deploying air bags. NHTSA recommends that children under the age of 12 always ride in the rear passenger seat(s), regardless of whether or not the vehicle is equipped with an air bag.

Again, the use of second division vehicles that are not classified as school buses is strongly discouraged.

UNIVERSAL PRECAUTIONS FOR PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES BY BODY FLUIDS

(Excerpted from the Illinois School Bus Driver Training Curriculum)

Introduction

As sure as the sun comes up every day, children end up with scraped knees, cuts and bruises. Students of all ages hurt themselves on the playground, in the classroom, and on the playing field. As a professional in our educational system, you need to be aware of the potential danger of bloodborne pathogens.

The Occupational Safety and Health Administration (OSHA) has created a standard that provides you and your school system with a method of working together to substantially reduce the risk of contracting a bloodborne disease on the job. The standard covers anyone who can reasonably anticipate contact with blood or potentially infectious body fluids on the job.

In an educational setting, the school system is required to identify the personnel whose job duties expose them to blood and potentially infectious body fluids. Not every educator is occupationally exposed to bloodborne pathogens while performing his or her job. However, it is important for everyone in an educational setting to understand the dangers of infection and the safe procedures to minimize risk.

Bloodborne Diseases

Unfortunately, students are not immune to bloodborne diseases. You are in as much danger of infection from students you work with as from any other group in society.

Many diseases are carried by blood. The two most common are the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

HBV: Hepatitis means "inflammation of the liver." Hepatitis B virus (HBV) is the major infectious bloodborne hazard you face on the job. If you become infected with HBV,

1. You may suffer from flu-like symptoms that become so severe that you may require hospitalization;
2. You may have no symptoms at all so that you are unaware that you are infected;
3. Your blood, saliva and other body fluids may be infected; and
4. You may spread the virus to sexual partners, family members and even unborn infants.

Many people are unaware that they've been infected with HBV. However, HBV may severely damage your liver, leading to cirrhosis and almost certain death.

HBV Vaccination: One of the best ways to protect yourself from hepatitis B infection is to roll up your sleeve for a vaccination. If you are exposed to blood or other infectious materials as part of your job, the school system/company will make the hepatitis B vaccination available at no cost.

Administration of the vaccine should begin within 24 hours of exposure. It will be completed by three injections over a six-month period. Today's vaccines are safe and effective.

HIV: The human immunodeficiency virus attacks the body's immune system, causing the disease knows as AIDS. Currently there is no vaccine to prevent infection. A person infected with HIV

1. May carry the virus without developing symptoms for several years;
2. May suffer from flu-like symptoms, fever, diarrhea and fatigue;
3. Will eventually develop AIDS; and
4. May develop AIDS-related illnesses including neurological problems, cancer and other opportunistic infections.

Cleaning Up Body Fluid Spills

HIV is transmitted primarily through sexual contact, but also may be transmitted through contact with blood and some body fluids. HIV is not transmitted by touching or working around people who carry the disease.

The following procedures for cleaning up body fluid spills (blood, feces, urine, semen, vaginal secretions, vomitus) should be used at all times regardless of the infectious disease status of personnel or students.

A. Wear disposable or utility gloves. When gloves are not available, or unanticipated contact occurs, hands and other affected areas should be washed with soap and running warm water immediately after contact when at all possible. Towelettes with disinfectant can be used until thorough washing is possible.

B. Clean and disinfect all hard, soiled, washable surfaces immediately. Remove soil before applying disinfectant.

   1. Small Spills

      Use paper towels or tissues to wipe up soiled areas. After soil is removed, use clean paper towels, soap and water or disinfectant wash to clean the area. Dispose of paper towels in a plastic bag. Disinfect the area.

   2. Large Spills

      Apply commercial sanitary absorbent agent on soiled area, if provided, while in transit. After soil is absorbed, sweep all material into a plastic bag, taking care not to create any dust emissions. Disinfect area with a cleaning solution.

C. Remove gloves and place into the plastic bag with the waste and other cleaning materials. Upon returning to the bus garage or bus lot, remove the plastic bag and dispose of it in the manner prescribed by the employer. Also, alert maintenance personnel to thoroughly clean and disinfect the bus.

D. The driver should wash his/her hands with soap and running warm water.

Playing It Safe

Even when you play it safe, accidents may sometimes happen. If you are exposed, immediately report the incident to your supervisor. If you consent, your employer will provide you with

1. A confidential medical evaluation,
2. Blood tests,
3. Post-exposure preventive treatment if available, and
4. Follow-up counseling.

Before you assume a job with occupational exposure, your school system should provide you with a free training program during working hours and annually thereafter.

Workplace Transmission

As different as the outcomes of bloodborne diseases may be, the way they are transmitted in the workplace is essentially the same. HBV, HIV, and other pathogens may be present in blood and other materials such as

1. Semen and vaginal secretions,
2. Torn or loose skin, and
3. Unfixed tissue or organs.

Bloodborne pathogens can cause infection by entering your body in a variety of ways including

1. Open cuts;
2. Nicks;
3. Skin abrasions;
4. Dermatitis;
5. Acne; and
6. The mucous membranes of your mouth, eyes or nose.

Special-education employees should take extra caution while working with severely disabled children. Some disabled children

1. May be more vulnerable to injury,
2. May have special medical needs, or
3. Are more dependent on adults for personal care.

General Housekeeping Rules

Here are some general rules:

All equipment and environmental working surfaces must be cleaned and decontaminated with an appropriate disinfectant or a 10 percent bleach-to-water solution as soon as possible after contact with blood or other potentially infectious materials.

Never pick up broken glass with bare hands. Always wear gloves, use tongs or a broom and dustpan.

Place contaminated sharp objects and other potentially infectious waste in labeled or color-coded, leak-proof, puncture-resistant containers that are closeable and easily accessible to those who use them. Infectious waste containers should not be allowed to overfill.

Handle contaminated laundry as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded, leak-proof bags or containers without sorting or rinsing.

Bins, pails, cans and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated on a regularly scheduled basis.

Glove Removal

Gloves should be removed when they become contaminated or damaged, or immediately after finishing the task. You must follow a safe procedure for glove removal, being careful that no pathogens from the soiled gloves contact your hands.

1. With hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
2. With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
3. Dispose of the entire bundle promptly.
4. Never touch the outside of the glove with bare skin.
5. Wash your hands with soap and running water as soon as you possibly can every time you remove your gloves.

Good Housekeeping

Good housekeeping protects you and the students. If should be everyone's responsibility.

Your facility's Exposure Control Plan will list specific methods and regular schedules for cleaning environmental surfaces possibly contaminated with infectious materials.

Accidental Injury

You can become infected by accidentally injuring yourself with a sharp object that is contaminated. Sharp objects may be

1. Broken glass,
2. Sharp metal,
3. Needles,
4. Knives, and
5. Exposed ends of orthodontic wires.

Indirect Transmission

Bloodborne diseases can also be transmitted indirectly.

This happens when you touch an object or surface contaminated with blood or other infectious materials and transfer the infection to your

1. Mouth,
2. Eyes,
3. Nose, and
4. Open skin.

Contaminated surfaces are a major cause of the spread of hepatitis. HBV can survive on environmental surfaces dried and at room temperatures for at least one week.

Exposure Control Plan for Student Transportation Service

OSHA's Bloodborne Pathogen Standard requires your school system/company to create and make available to every employee an Exposure Control Plan. The ECP will

1. Identify the personnel covered by the standard,
2. Analyze the potential hazards of each job description, and
3. Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens on the job.

The keys to preventing infection are

1. Understanding the dangers you face and
2. Knowing how to protect yourself.

Universal Precautions

Most approaches to infection control are based on a concept called Universal Precautions. It requires that you consider every person, all blood, and most body fluids to be potential carriers of infectious disease.

Many people who carry infectious disease have no visible symptoms and no knowledge of their condition. HIV and HBV infect people from

1. All age groups,
2. Every socioeconomic class,
3. Every state and territory, and
4. Rural areas and inner cities.

Resuscitation Devices

The mechanical emergency respiratory devices and pocket masks are designed to isolate you from contact with a victim's saliva and body fluids. Avoid using unprotected mouth-to-mouth resuscitation. Students or co-workers may have blood or other infectious materials in their *mouth and may expel them during resuscitation.*

Gloves

Gloves are the most widely used and basic form of personal protective equipment. You must wear gloves when it is reasonably anticipated that you may have hand contact with

1. Blood,
2. Any potentially infectious materials, and
3. Mucous membranes or non-intact skin.

Gloves may be made of latex or vinyl when used for first-aid procedures. Heavy-duty utility gloves should be used for housekeeping. If you are allergic to latex or vinyl gloves, there are hypo-allergenic gloves, glove liners, powderless gloves, or other alternatives that your school system can make available.

Utility gloves may be decontaminated or reused if they are not cracked, peeling, torn or punctured. They must otherwise offer a barrier of protection. Since gloves can be torn or punctured, cover any hand cuts with bandages before putting on gloves.

Replace disposable single-use gloves as soon as possible if they are

1. Torn,
2. Punctured,
3. Contaminated, and
4. No longer offer effective barrier protection.

Never wash or decontaminate single-use gloves for reuse.

If you are faced with cleaning up blood or body fluids,

1. Wear appropriate personal protective equipment;
2. Use a solution of one part bleach to ten parts water and
3. Disinfect mops and cleaning tools after the job is done.

Your school system/company will issue personal protective equipment or make it readily accessible in your work area. In addition, your school system/company will maintain, replace or dispose of any protective equipment at no cost to you.

General Rules on Personal Protective Equipment

You and your employer must work together to insure that your protective equipment does its job.

1. You must be trained to use the equipment properly.
2. The equipment must be appropriate for the task.
3. The equipment must fit properly, especially gloves.
4. All equipment must be free of physical flaws that could compromise safety.
5. You must use appropriate protective equipment each time you perform a task involving potentially infectious materials.

If, when wearing equipment, it becomes penetrated by blood or other infectious materials, remove it as soon as possible.

Using Universal Precautions resolves this uncertainty by requiring you to treat all human blood and body fluids as if they were known to be infected with HIV, HBV, or other bloodborne pathogens. You can't identify every person who may transmit infection. Yet you can't afford not to take every precaution since it takes just one exposure to become infected.

Reducing Your Risk

Five major tactics reduce your risk of exposure to bloodborne pathogens on the job:

1. Engineering controls,
2. Work practice controls,
3. Personal protective equipment,
4. Housekeeping, and
5. Hepatitis B Vaccine.

Alone, none of these approaches is 100 percent effective. They must be used together, like five barriers against infection.

Engineering Controls

Your school system/company will provide physical or mechanical systems that eliminate hazards at their source. Their effectiveness usually depends on you. Make sure you know what engineering controls are available from your employer and use them.

For example, appropriate containers must be used for disposing of regulated waste and towels soaked with blood or body fluids.

Work Practice Controls

Work practices are specific procedures you must follow on the job to reduce your exposure to blood or other potentially infectious materials. The school system/company will identify specific personnel to deal with bloodborne hazards on a regular basis. These employees may include

1. A person trained in bloodborne pathogens safety to administer first aid treatment to students or
2. A custodian or trained person responsible for cleaning up all body fluid spills.

Handwashing

One of the most effective work practice controls is also one of the most basic--wash your hands. If infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected. Handwashing keeps you from transferring contamination from your hands to other areas of your body or other surfaces you may contact later. Every time you remove your gloves, you must wash your hands using a non-abrasive soap and running water as soon as you possibly can. Also, if skin or mucous membranes come in direct contact with blood, wash or flush the area with water as soon as possible. Where handwashing facilities are not available such as a school bus, your employer should provide an antiseptic hand cleanser or antiseptic towelettes as prescribed by OSHA standards. Use these as a temporary measure only. You must still wash your hands with soap and running water as soon as you can.

Personal Hygiene

Here are some controls based on personal hygiene that you must also follow:

1. Minimize splashing, spraying, spattering and generation of droplets when attending to an injured student or co-worker, especially where blood is involved.

2. Do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses where there is a reasonable likelihood of occupational exposure.

3. Don't keep food and drink in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

Personal Protective Equipment

The type of protective equipment appropriate for your job varies with the task and the degree of exposure you anticipate. Equipment that protects you from contact with blood or other potentially infectious materials may include

1. Gloves,
2. Lab coats,
3. Face shields,
4. Protective eye wear,
5. Masks,
6. Mouthpieces, and
7. Resuscitation bags or other ventilation devices.

APPENDIX A

STATE BOARD OF EDUCATION

APPROVED PROVIDERS OF FIRST AID TRAINING

NOTE: This information changes frequently. Contact American Red Cross at (309) 677-7272 and the American Heart Association at (800) 252-8522 for current listings. The district is responsible for keeping this list updated.

AMERICAN RED CROSS ILLINOIS SERVICE DELIVERY UNITS

Adams County Chapter
2439 Broadway
Quincy, IL 62301
(217)222-2477

Alton-Wood River Chapter
810 Main Street
Alton, IL 62002
(618)465-7704

Bureau County Chapter
435 S. Main Street
Princeton, IL 61356
(815)879-2231

Central Illinois Chapter
311 West John Gwynn
Peoria, IL 61605-2566
(309)677-7272

Centralia Chapter
8126 Shattuc/PO Box 547
Centralia, IL 62801
(618)532-3511

Coles County Chapter
825 18th Street
Charleston, IL 61920
(217)345-5166

Crawford County Chapter
P.O. Box 851
Robinson, IL 62454
(618)544-2592

DeKalb County Chapter
721 Oakland
DeKalb, IL 60115
(815)756-7339

DeWitt County Chapter
P.O. Box 439
Clinton, IL 61727-0439
(217)935-3922

Edgar County Chapter
P.O. Box 37
Paris, IL 61944
(217)466-6215

Effingham County Chapter
P.O. Box 1045
Effingham, IL 62401
(217)342-4344

Fairbury Chapter
P.O. Box 169
Fairbury, IL 61739
(815)692-3107

Ford County Chapter
P.O. Box 188
Paxton, IL 60957
(217)379-2422

Fox River Chapter
121 N. 2nd St., Suite G
St. Charles, IL 60174
(708)443-8844

Fulton-Schuyler Chapter
51 N. Second Street
Canton, IL 61520
(309)647-2040

Great Lakes Naval Base
Building 76
Great Lakes, IL 60088
(847)688-5676

Greene County Chapter
Rt 2, Box 23
Carrollton, IL 62016
(217)942-3427

Grundy County Chapter
118 W. Main Street
Morris, IL 60450
(815)942-1046

Hancock County Chapter
RR 1, Box 24
Carthage, IL 62321-9313
(217)743-6233

Illini Prairie Chapter
5071 W. Springfield
Urbana, IL 61801
(217)344-2800

Illinois Valley Chapter
1605 4th Street
Peru, IL 61354
(815)223-0922

Iroquois County Chapter
214 E. Walnut Street
Watseka, IL 60970
(815)432-4659

Jackson County Chapter
Box 104
Carbondale, IL 62903
(618)529-2151

Jefferson County Chapter
P.O. Box 199
Mt. Vernon, IL 62864
(618)244-2083

Jersey County Chapter
County Courthouse
Jerseyville, IL 62052
(618)498-5571

Kankakee County Chapter
1432 S. Fourth Avenue
Kankakee, IL 60901
(815)933-2286

Lee County Chapter
202 N. Court
Dixon, IL 61021
(815)284-2829

Lincoln Land Chapter
112 W. 2nd Street
Rock Falls, IL 61071
(815)625-0382

Little Egypt Network
112 E. Walnut
Herrin, IL 62984
(618)988-1147

Livingston County Chapter
825 W. Reynolds
Pontiac, IL 61764
(815)842-1767

Logan County Chapter
125 S. Kickapoo Street
Lincoln, IL 62656-2720
(217)732-2134

Macon County Chapter
500 E. Lake Shore Drive
Decatur, IL 62521
(217)428-7758

Madison County Chapter
101 Vandalia
Edwardsville, IL 62025
(618)656-1407

Marion County Chapter
P.O. Box 141
Salem, IL 62881
(618)548-0117

Mattoon Chapter
P.O. Box 837, 108 N. 15th
Mattoon, IL 61938
(217)234-7500

McDonough County Chapter
1224 Maple Avenue
Macomb, IL 61455
(309)837-1594

McLean County Chapter
1 Westport Court
Bloomington, IL 61704
(309)662-0500

Mid-America Chapter
43 East Ohio
Chicago, IL 60611
(312)440-2000

Morgan-Cass Chapter
200 W. Douglas
Jacksonville, IL 62650
(217)243-6641

Northwest Illinois Chapter
942 S. Galena Avenue
Freeport, IL 61032
(815)233-0011

Ottawa Chapter
519 W. Madison Street
Ottawa, IL 61350-2726
(815)433-1909

Pike County Chapter
117 S. Memorial Street
Pittsfield, IL 62363
(217)285-2813

Quad Cities Chapter
400 16th St./Box 4565
Rock Island, IL 61204-4565
(309)794-9030

Richland County Chapter
314 E. Chestnut
Olney, IL 62450
(618)395-1609

Rock River Chapter
727 N. Church Street
Rockford, IL 61103
(815)963-8471

Sangamon Valley Chapter
1025 S. Sixth Street
Springfield, IL 62703
(217)522-3357

Scott Air Force Base
P.O. Box 25379 - Bldg. 21, B St.
Scott AFB, IL 62225
(618)256-1855

Scott County Chapter
138 N. Main
Winchester, IL 62694
(217)742-3975

Shelby County Chapter
118 N. Broadway
Shelbyville, IL 62565
(217)774-4122

St. Louis Bi-State Chapter
Fairview Heights Service Center
10218 Lincoln Trail
Fairview Heights, IL 62208
(618)397-4600
East St. Louis Service Center
411 East Broadway
East St. Louis, IL 62201
(618)271-1700

Streator Chapter
204 S. Bloomington
Streator, IL 61364
(815)672-2682

Tri-City Chapter
3728 Nameoki Road
Granite City, IL 62040
(618)452-7184

Vermilion County Chapter
320 N. Franklin
Danville, IL 61832
(217)431-5600

Wayne County Chapter
P.O. Box 803
Fairfield, IL 62837
(618)842-2107

Western Illinois Chapter
2101 Windish Dr., Suite 200
Galesburg, IL 61401
(309)344-1611

White County Chapter
225 E. Main - Room 5
Carmi, IL 62821
(618)382-3267
1-800-802-8383 pager

AMERICAN HEART ASSOCIATION
ILLINOIS COUNTIES WITH EMERGENCY CARDIOVASCULAR CARE COMMUNITY TRAINING CENTERS

ADAMS COUNTY
- Quincy

BUREAU PUTNAM COUNTIES
- Princeton
- Spring Valley

CHAMPAIGN COUNTY
- Champaign
- Urbana

COLES COUNTY
- Mattoon

COOK COUNTY
- Brookfield

DEKALB COUNTY
- DeKalb

FRANKLIN COUNTY
- Benton

FULTON COUNTY
- Canton

GRUNDY COUNTY
- Morris

HENRY COUNTY
- Kewanee

IROQUOIS COUNTY
- Milford
- Watseka

JACKSON COUNTY
- Carbondale

JEFFERSON COUNTY
- Mt. Vernon

KANE COUNTY
- Elgin
- Geneva
- Sugar Grove

KANKAKEE COUNTY
- Kankakee

KNOX COUNTY
- Galesburg

LASALLE COUNTY
- Mendota
- Ottawa
- Peru
- Streator

LEE COUNTY
- Dixon

MACON COUNTY
- Decatur

MCHENRY COUNTY
- McHenry

MCLEAN COUNTY
- Bloomington

MERCER COUNTY
- Sherrard

MONTGOMERY COUNTY
- Hillsboro

MORGAN COUNTY
- Jacksonville

PEORIA COUNTY
- Peoria

PULASKI COUNTY
- Ullin

RANDOLPH COUNTY
- Sparta

ROCK ISLAND COUNTY
- Rock Island
- Silvis

ST. CLAIR COUNTY
- Belleville
- East St. Louis

SANGAMON COUNTY
- Springfield

SOUTH MADISON COUNTY
- Granite City

STEPHENSON COUNTY
- Freeport

TAZEWELL COUNTY
- Pekin

VERMILION COUNTY
- Danville
- Hoopeston

WABASH COUNTY
- Mt. Carmel

WASHINGTON COUNTY
- Nashville

WHITESIDE COUNTY
- Sterling

WILL COUNTY
- Joliet
- Plainfield

WILLIAMSON COUNTY
- Carterville
- Marion

WINNEBAGO COUNTY
- Rockford

WOODFORD COUNTY
- Spring Bay

BLS = Basic Life Support
ACLS = Advanced Cardiac Life Support
PALS = Pediatric Advanced Life Support

Belleville

Belleville Area College (BLS)
Linda Steinbeck
2500 Carlyle Avenue
Belleville, IL 62221
(618)235-2700 x298

CPR Advantage, Inc. (BLS)
Lora Wasko-Alexander
10 Lake Christine Court
Belleville, IL 62221
(618)236-1980

Memorial Hospital
Bobbie Lintzenich
4500 Memorial Drive
Belleville, IL 62226
(618)257-5864

BENTON

IL Department of Natural Resources (BLS)
Office of Mines and Minerals
Mary Jane Summers
503 East Main
Benton, IL 62812
(618)439-4329

BLOOMINGTON

BroMenn Regional Center (BLS/ACLS)
James Cripe
Virginia at Franklin
Bloomington, IL 61702-2850
(309)454-1400 x5138

OSF St. Joseph Medical Center (BLS/ACLS)
Jane DeBlois
2200 East Washington Street
Bloomington, IL 61701
(309)662-3311

BROOKFIELD

Allied Health Consultants (BLS)
Joseph Beireis
8940 West Ogden Avenue
Brookfield, IL 60513
(708)409-0539

CANTON

Graham Hospital (BLS/ACLS)
Judy Kemper
2120 W. Walnut Street
Canton, IL 61520
(309)647-5240

CARBONDALE

Memorial Hospital of Carbondale
(BLS/ACLS/PALS)
Peggy Thompson
405 Jackson
Carbondale, IL 62901

CARTERVILLE

John A. Logan College (BLS)
Center for Business and Industry
Greg Stettler
700 Logan College Road
Carterville, IL 62918
(618)985-3741

CHAMPAIGN

CPR Providers (BLS)
Tammy Brandt
1014 South Duncan Road
Champaign, IL 61821-4040
(217)355-8807

DANVILLE

United Samaritan's Medical Center
(BLS/ACL/PALS)
Carol Harden
812 North Logan
Danville, IL 61832
(217)443-5260

DECATUR

Decatur Memorial Hospital (BLS/ACLS/PALS)
Sue Krows
2300 North Edward
Decatur, IL 62526
(217)876-8121

Emergency Training Assoc. (BLS/ACLS/PALS)
Anthony Crystal
1109 Hyde Park Drive
Decatur, IL 62521
(217)876-3022

DEKALB

Kishwaukee Community Hospital (BLS/ACLS)
Linda Reimel/Heidi Lindhorst
626 Bethany Road
DeKalb, IL 60115
(815)756-1521

DIXON
Katherine Shaw Bethea Hospital (BLS)
Theresa Strum
403 East First Street
Dixon, IL 61021
(815)285-5607

EAST ST. LOUIS
St. Mary's Hospital of East St. Louis (BLS/ACLS)
Edith Blackburn
129 North Eighth Street
East St. Louis, IL 62201
(618)482-7193

The Nursing Center (BLS)
Patricia Gibson
1468 State Street, Suite 300
East St. Louis, IL 62205
(618)274-5311

ELGIN
Sherman Health Systems (BLS/ACLS)
Robyn Christopherson-Osrem
1019 East Chicago Street
Elgin, IL 60120
(847)608-6136

FREEPORT
Freeport Health Network (BLS/ACLS)
Karen Barth/Sally Marken
1045 West Stephenson Street
Freeport, IL 61032
(815)235-0234

GALESBURG
St. Mary's Medical Center (ACLS)
Debra Myers
3333 North Seminary Street
Galesburg, IL 61401
(309)343-8131

Galesburg Cottage Hospital (BLS)
Sally Day
695 North Kellog
Galesburg, IL 61401
(309)343-8131

GENEVA
(BLS/ACLS/PALS)
Joan O'Connor
300 Randall Road
Geneva, IL 60134
(630)208-4022

GRANITE CITY
St. Elizabeth Medical Center (BLS/ACLS)
Donna Fisher
2100 Madison Avenue
Granite City, IL 62040
(618)798-3201
Satellites: St. Anthony Hospital, Alton
St. Elizabeth Hospital, Belleville

HILLSBORO
Montgomery Co. CPR Instructors Assoc. (BLS)
Becky Cullison
1200 E. Tremont Street
Hillsboro, IL 62049
(217)532-6111

HOOPESTON
Hoopeston Community Memorial Hospital (BLS)
Julie Mullen
701 East Orange
Hoopeston, IL 60942
(217)23-5531

JACKSONVILLE
Passavant Area Hospital (BLS)
Grace Hartman
1600 West Walnut
Jacksonville, IL 62650
(217)245-9541 x3954

JOLIET
St. Joseph Medical Center (BLS/ACLS)
Mary Pat Shroba
333 North Madison
Joliet, IL 60435
(815)725-7133 x3252

Joliet Junior College (BLS)
Healthcare Continuing Education
Cathy Schley
1215 Houboult Road - KK 112
Joliet, IL 60431
(815)729-9020 x2463

Silver Cross Hospital (BLS/ACLS/PALS)
Linda Abrahamson/
Jackie Marsholt BLS
1200 Maple Road
Joliet, IL 60432
(815)740-7130

KANKAKEE

Kankakee Community College (BLS)
Dennis Sorenson
P.O. Box 888
River Road
Kankakee, IL 60901
(815)933-0269

Satellites:
Shapiro Developmental Center, Kankakee
St. Mary's Hospital, Kankakee
IL Veteran's Home, Manteno
Riverside Medical Center, Kankakee
Watseka Health Care, Watseka
Iroquois Memorial Hospital, Watseka

Riverside Medical Center (ACLS/PALS)
Sherry Mayes
350 North Wall Street
Kankakee, IL 60901
(815)935-7822

St. Mary's Hospital (ACLS/PALS)
Linda Bruno
500 West Court Street
Kankakee, IL 60901
(815)937-2104

KEWANEE

Kewanee Hospital (BLS/ACLS)
Adam Reading
719 Elliott Street
Kewanee, IL 61443
(309)853-6090

MARION

Marion Memorial Hospital (BLS/ACLS/PALS)
Lynn Followell/Jo Sanders
917 West Main Street
Marion, IL 62959
(618)997-5341

VA Medical Center (BLS/ACLS)
Debra Goddard
2401 West Main
Marion, IL 62959
(618)997-5311 x4326

MATTOON

Sarah Bush Lincoln Health Center (BLS/ACLS)
Shirley Ferguson
1000 Health Care Center Drive
Mattoon, IL 61938
(217)258-2403

MCHENRY

Centegra Health System (BLS/ACLS)
Cynthia Amore
4201 Medical Center Drive
McHenry, IL 60050
(815)759-8044

McHenry Township Fire Protection District (BLS)
Joseph Nootens
3610 West Elm Street
McHenry, IL 60050
(815)385-0022

MENDOTA

Mendota Community Hospital (BLS/ACLS)
Pat Bradway
1315 Memorial Drive
Mendota, IL 61342
(815)539-7461

MILFORD

Milford Fire Department (BLS)
Terri Fanning
P.O. Box 66
Milford, IL 60953
(815)432-5841 x4212

MORRIS

Morris Hospital (ACLS)
Peggy Morgan
150 West High Street
Morris, IL 60450
(815)942-2932

MT. CARMEL

Wabash General Hospital (BLS)
L. Marie Caddell
1418 College Drive
Mt. Carmel, IL 62863
(618)262-8621

MT. VERNON

Good Samaritan Regional Health Center (BLS/ACLS)
Julie Schneider
605 North 12th Street
Mt. Vernon, IL 62864
(618)242-4600 x2054

NASHVILLE

Washington County Health Department (BLS)
Karen Martens
1180 West St. Louis Street
Nashville, IL 62263
(618)327-3644

OTTAWA

Community Hospital of Ottawa (BLS)
Tammi Coons
1100 East Norris Drive
Ottawa, IL 61350
(815)433-3100

PEKIN

Pekin Hospital (BLS)
Robert Hancock
600 South 13th Street
Pekin, IL
(309)353-0445

PEORIA

Proctor Hospital (BLS/ACLS)
Theresa Hoadley
5409 N. Knoxville Avenue
Peoria, IL 61614
(309)691-1000 x2068

Methodist Medical Center of Illinois (BLS/ACLS)
Jasmine Holloway
221 N.E. Glen Oak Avenue
Peoria, IL 61636
(309)672-5468

OSF St. Francis Medical Center
(BLS/ACLS/PALS)
Marcia Potter
530 N.E. Glen Oak Avenue
Peoria, IL 61637
(309)655-7475
Satellites:
St. Mary's Medical Center, Galesburg
St. Anthony's Continuing Care, Rock Island
St. Anthony's Medical Center, Rockford
St. James Hospital, Pontiac

Illinois Central College (BLS/ACLS)
Michael Dant
201 SW Adams Street
Peoria, IL 61635-0001
(309)999-4667

PERU

Illinois Valley Community Hospital (BLS)
Lynn Sheedy
1701 Fourth Street, Suite 302
Peru, IL 61354
(815)224-1307

PLAINFIELD

Plainfield Fire District (BLS/ACLS)
Roy Doden
703 North DesPlaines Street
Plainfield, IL 60554
(815)436-7096

PRINCETON

Perry Memorial Hospital (BLS/ACLS)
Nancy Gardner
530 Park Avenue East
Princeton, IL 61356
(815)875-2811

Princeton Emergency Services (BLS)
Ruth Hanna
2 South Main Street
Princeton, IL 61356
(815)875-1861

QUINCY

Blessing Hospital, Inc. (BLS/ACLS)
Donna McCain
Broadway at 14th
Quincy, IL 62301
(217)223-8400 x4833

John Wood Community College (BLS)
Beverly Wainman
150 South 48th Street
Quincy, IL 62301
(217)224-6500 x4904

ROCKFORD

Singer Mental Health & Development Center
(BLS)
Adrienne Langley
4402 North Main Street
Rockford, IL 61103-1278
(815)987-7910

Swedish American Hospital (BLS/ACLS/PALS)
Catherine Lewis
1400 Charles Street
Rockford, IL 61104
(815)961-2461

Rockford Health System (BLS/ACLS/PALS)
Laura Padron, BLS/ACLS - (815)971-5205
Kathy Kowalewski, PALS - (815)971-5608
2400 North Rockton Avenue
Rockford, IL 61103

ROCK ISLAND
Trinity Medical Center (BLS/ACLS)
Deanna Fitzsimmons
2701 17th Street
Rock Island, IL 61201
(309)793-2806

SHERRARD
ALIVE (BLS)
Paula Rath
405 Third Street, Suite E
Sherrard, IL 61281-0280
(309)593-2174

SILVIS
Illinois Hospital (BLS/ACLS)
Shari Schultz
801 Hospital Road
Silvis, IL 61282
(309)792-4390

SPRING BAY
Spring Bay Fire Protection District (BLS)
Dennis Perry
310 West Missouri Street
Spring Bay, IL 61611-9170
(309)822-0152

SPRINGFIELD
St. John's Hospital (BLS/ACLS/PALS)
Patricia Howard or Bryan Finn
800 East Carpenter
Springfield, IL 62769
(217)535-3990
Satellites: St. Mary's Hospital, Decatur
St. Anthony's Hospital, Effingham
St. Francis Medical Center, Litchfield
St. Joseph's Hospital, Breese

Memorial Medical Center (BLS/ACLS/PALS)
John Brennan
800 North Rutledge
Springfield, IL 62781-0001
(217)788-3156

Illinois State Police (BLS)
Al Lewin
3700 East Lake Shore Drive
Springfield, IL 62707
(217)786-7068

SPRING VALLEY
St. Margaret's Hospital (BLS/ACLS)
Cheryl Schlagheck
600 East First Street
Spring Valley, IL 61362
(815)664-1615

STERLING
CGH Medical Center (BLS)
Linda Wolber
100 East LeFevre
Sterling, IL 61081
(815)625-0400

STREATOR
St. Mary's Hospital (BLS/ACLS)
Gregory Love
111 East Spring Street
Streator, IL 61364
(815)673-4545

SUGAR GROVE
Waubonsee Community College (BLS)
Lisbeth Anderson/Zivile Sabrin
Route 47 at Harter Road
Sugar Grove, IL 60554
(630)466-7900

ULLIN
Shawnee Community College (BLS)
Carol Belt
8364 Shawnee College Road
Ullin, IL 62992
(618)634-2242 x277

URBANA
Carle Foundation Hospital (BLS/ACLS/PALS)
Coletta Ackermann
611 West Park
Urbana, IL 61801
(217)383-3022

Covenant Medical Center (BLS/ACLS/PALS)
Deb Woelfel
1400 West Park Street
Urbana, IL 61801

WATSEKA
Iroquois Memorial Hospital (BLS/ACLS)
Terri Fanning
200 Fairman Avenue
Watseka, IL 60970
(815)432-5841 x4212

APPENDIX B

RESOURCES FOR PROVIDING TRAINING ABOUT YOUNG CHILDREN

RESOURCES FOR PROVIDING TRAINING ABOUT YOUNG CHILDREN

When selecting instructors for classes, it is important to select an instructor who is knowledgeable about the development of young children and who has had experiences working in school situations. The following list provides suggestions for finding qualified instructors:

- District early childhood staff
- District support staff such as speech pathologists, psychologists, or social workers
- Early childhood specialists
- Instructors in early childhood, child care and child development programs/classes at the secondary, community college and university levels.

APPENDIX C

DEFINITIONS

DEFINITIONS

Bus - Every motor vehicle, other than a commuter van, designed for carrying more than ten persons. [625 ILCS 5/1-107]

Child Restraint System- (As provided in Title 49 of the Code of Federal Regulations.)

Add-on child restraint system means any portable child restraint system. (49 CFR 571.213)

Backless child restraint system means a child restraint, other than a belt-positioning seat, that consists of a seating platform that does not extend up to provide a cushion for the child's back or head and has a structural element designed to restrain forward motion of the child's torso in a forward impact. (49 CFR 571.213)

Belt-positioning seat means a child restraint system that positions a child on a vehicle seat to improve the fit of a vehicle Type II belt system on the child and that lacks any component, such as a belt system or a structural element, designed to restrain forward movement of the child's torso in a forward impact. (49 CFR 571.213)

Booster seat means either a backless child restraint system or a belt-positioning seat. (49 CFR 571.213)

Built-in child restraint system means a child restraint system that is designed to be an integral part of and permanently installed in a motor vehicle. (49 CFR 571.213)

Car bed means a child restraint system designed to restrain or position a child in the supine or prone position on a continuous flat surface. (49 CFR 571.213)

Child restraint system means any device except Type I or Type II seat belts, designed for use in a motor vehicle or aircraft to restrain, seat, or position children who weigh 50 pounds or less. (49 CFR 571.213)

Factory-installed built-in child restraint system means a built-in child restraint system that has been or will be permanently installed in a motor vehicle before that vehicle is certified as a completed or altered vehicle in accordance with 49 CFR 567. (49 CFR 571.213)

Rear-facing child restraint system means a child restraint system, except a car bed, that positions a child to face in the direct opposite to the normal direction of travel of the motor vehicle. (49 CFR 571.213)

Type 1 seat belt assembly is a lap belt for pelvic restraint. (49 CFR 571.209)

Type 2 seat belt assembly is a combination of pelvic and upper torso restraints. (49 CFR 571.209)

Commercial Drivers License (CDL) - A commercial drivers license (CDL) is a special drivers license for people who drive the following commercial vehicles:

* any combination of vehicles with a gross combination weight rating of 26,001 or more pounds, towing another vehicle in excess of 10,000 pounds;
* any single vehicle with a gross vehicle weight rating of 26,001 pounds or more, or any such vehicle towing another vehicle not in excess of 10,000 pounds;
* any vehicle designed to carry 16 or more people, including the driver; and
* any vehicle that is required to be placarded when carrying hazardous material.

Commercial Vehicle - Any vehicle operated for the transportation of persons or property in the furtherance of any commercial or industrial enterprise, For-Hire or Not-For-Hire, but not including a commuter van, a vehicle used in a ridesharing arrangement when being used for that purpose, or a recreational vehicle not being used commercially. [625 ILCS 5/1-114]

Federal Motor Vehicle Safety Standards (FMVSS) - The rules, regulations and standards set forth in Sections 571.1 through 571.304 of Title 49 of the Code of Federal Regulations. (49 CFR 571)

Gross Vehicle Weight Rating or GVWR - The value specified by the manufacturer as the loaded weight of a single vehicle. (49 CFR 571.3)

Illinois School Bus Driver Training Curriculum - A course specifically developed by the State Board of Education for school bus drivers for the safe operation of a school vehicle.

Infants - Children between the ages of birth and 12 months. [National Association for the Education of Young Children]

National Highway Traffic Safety Administration (NHTSA) - A branch of the United States Department of Transportation that governs the construction of motor vehicles and safety related equipment.

Preschoolers - Children from the ages of 3 years through 5 years. [National Association for the Education of Young Children]

Qualified Professional - A fit and competent person engaged in or worthy of the high standards of a profession as a livelihood rather than as a hobby who has met the conditions or requirements set for the profession, and who has the necessary or desirable qualities.

School Bus - Every motor vehicle, except as provided below, owned or operated by or for any of the following entities for the transportation of persons regularly enrolled as students in grade 12 or below in connection with any activity of such entity:

Any public or private primary or secondary school;
Any primary or secondary school operated by a religious institution; or
Any public, private or religious nursery school.

This definition shall not include the following:

- A bus operated by a public utility, municipal corporation or common carrier authorized to conduct local or interurban transportation of passengers when such bus is not traveling a specific school bus route but is:
  - On a regularly scheduled route for the transportation of other fare-paying passengers;
  - Furnishing charter service for the transportation of groups on field trips or other special trips or in connection with other special events; or
  - Being used for shuttle service between attendance centers or other educational facilities.
- A motor vehicle of the first division.
- A motor vehicle designed for the transportation of not less than 7 nor more than 16 persons that is operated by or for a public or private primary or secondary school, including any primary or secondary school operated by a religious institution, for the purpose of transporting not more than 15 students to and from interscholastic athletic or other interscholastic or school-sponsored activities. [625 ILCS 5/1-182]

School Bus Driver Permit - A permit issued for a period of one (1) year to school vehicle drivers by the Office of the Secretary of State pursuant to Section 6-106.1 of the Illinois Vehicle Code. (625 ILCS 5/6-106.1)

School Vehicle Driver - A driver of any vehicle, owned or operated by or for a school operated by a religious institution or a public or private child care facility, pre-school, primary or secondary school for the transportation of persons regularly enrolled in any such activity as students in grade 12 or below in connection with any activity of the entity. This includes drivers of vehicles designed for carrying not more than ten (10) passengers, including the driver, on regularly scheduled routes by or for a school district.

Toddlers - Children between the ages of 13 months and 35 months. [National Association for the Education of Young Children]

Transportation Personnel - Persons employed in any work or service by or for a public or private, primary or secondary school, child care facility, or pre-school involved in the transportation of persons regularly enrolled as students in any activity of the entity in grades 12 or below.

Transportation Supervisor - The Superintendent of the school district (or designee) or director in charge of transportation by the district; the owner or operator of the contractor (if transportation is contracted out) providing transportation services for the district.

Type I School Bus - A School Bus with a gross vehicle weight rating of more than 10,000 pounds. [625 ILCS 5/12-800]

Type II School Bus - A School Bus with a gross vehicle weight rating of 10,000 pounds or less. [625 ILCS 5/12-800]

Vehicle: First Division: Those motor vehicles which are designed for the carrying of not more than ten (10) persons.

Vehicle: Second Division: Those vehicles which are designed for carrying more than ten (10) persons, those designed or used for living quarters and those vehicles which are designed for pulling or carrying property, freight or cargo, those motor vehicles of the First Division remodeled for use and used as motor vehicles of the Second Division, and those motor vehicles of the First Division used and registered as school buses. [625 ILCS 5/1-217]

APPENDIX D

QUESTIONS AND ANSWERS

QUESTIONS AND ANSWERS

1. Q Must school districts provide transportation for teenage parents and their children to centers that are not district run, e.g., to community child care, Even Start and Head Start sites?

   A Districts do not receive FTE funding for such transportation, but the service of transportation could be written into the grant or contract. Transportation is an allowable expense under such contracts.

2. Q Should school bus drivers and monitors be given information regarding the Occupational Safety and Health Administration (OSHA) standards for universal precautions?

   A Yes. Transportation personnel should be given information on how their district complies with OSHA regulations on body fluid cleanup precautions. When transporting infants/toddlers, transportation personnel often come in contact with more body fluids than with older students.

3. Q Can a child of a teenage parent attend child care if the parent is absent?

   A In many school districts, teenage parent program participants complete a program at a designated school or center and then return to a traditional school. It is important to stress that these students, who are program completers, continue to be entitled to transportation to child care services if the child remains in the teenage parent program. To avoid confusing this situation with absences or dropping out of school, program personnel should communicate changes in a student's schedule, transfer to another school, or a change in child care arrangements to transportation personnel.

4. Q Some districts do not provide child restraint systems to teenage parents. Must the transportation departments in these districts provide them?

   A No. It is recommended that teenage parents have a child restraint system (car seat) in their possession while their child is riding a school bus. (See Child Passenger Protection Act Appendix F.) It is not necessary for the transportation departments to provide them since child seats are not required on school buses. However, for the safety of the child being transported, it might be in the district's best interest to provide child restraint systems. Options for acquiring these seats without transportation department funding are

      1. Liaison projects with community agencies/service organizations;
      2. Donations of equipment from non-profit organizations;
      3. Hospitals, which in some locations, give or lease child carriers to low-income patients at the time of their discharge.

5. Q If a teenage parent is enrolled in an special education program, must the parent's child be transported?

   A Yes. Special education students who are pregnant or parents are entitled to educational and ancillary services related to their pregnancy or parenthood just as other students are. A district's teenage parent program and special education personnel determine the

program site and curriculum that will best meet the student's needs. A child of an special education student who is enrolled in or has completed a teenage parent program must be transported the same as the children of the teenage parents without exceptionalities.

6. Q Is the teenage parent required to ride the school bus with his/her child?

A No. The practice in some districts is to transport infants and toddlers on buses without their parents. In this case, the ratio described above of one school board employee for every four infants and toddlers would represent a best practice and would minimize a district's legal exposure in the case of an accident.

7. Q Should Transportation Services Personnel and/or others help pregnant teens or teenage parents on the school bus?

A. Yes. There needs to be a collaborative effort made between the school, transportation, parents and/or parents to be.

8. Q Is the feeding of babies on buses prohibited by statute, rule or Illinois State Board of Education (ISBE) policy?

A No. There are no statutes or rules that speak to this issue. The Illinois State Board of Education does not discourage the liquid feeding of infants or toddlers (breast feeding, bottle feeding or beverages in spill-proof containers) while they are transported on school buses but caution should be used to avoid choking. However, **the feeding of solid foods is strongly discouraged** while on the school bus for safety reasons.

Districts that establish a written policy concerning the liquid feeding of infants and toddlers on school buses are encouraged to consider the law that safeguards the rights of mothers (teenage or adult) to breast feed their children discreetly in public places. This would include a school bus.

9. Q In terms of the length of a school bus ride, are there any requirements for infants and toddlers?

A No. The program site or school location generally determines the length of a school bus ride. However, when a district plans or identifies program locations, transportation personnel should be consulted and every effort should be made to keep the time on a school bus to the minimum possible. An excessive amount of time on a school bus can be a deterrent for teenage parents to participate in a program. Recent cases with the Office of Civil Rights should be considered to ensure bus ride lengths that are equitable to those of students attending traditional schools.

APPENDIX E

CHILD PASSENGER PROTECTION ACT

ACT 25. CHILD PASSENGER PROTECTION ACT

Section
25/1. Title and citation.
25/2. Legislative finding - Purpose.
25/3. Definitions
25/4. Transporting child under age of 4; restraint system.
25/4a. Children 4 years of age or older but under age of 6 - Restraint system or seat belts.
25/4b. Children 6 years of age or older but under the age of 18; seat belts.
25/5. Failure to secure or properly secure child - Negligence - Admissibility in trial.
25/6. Violations - Fines.
25/7. Arrests - Prosecutions.
25/8. Repealer.
25/9. Effective date.

25/1. Title and citation

Section 1. Title and citation. This Act shall be known and may be cited as the "Child Passenger Protection Act". P.A. 83-8, Section 1, eff. July 1, 1983.

Title of Act:

An Act to protect children who are passengers in motor vehicles, as well as the motoring public in general. P.A. 83-8, approved June 27, 1983, eff. July 1, 1983.

25/2. Legislative finding - Purpose

Section 2. Legislative finding - Purpose. The General Assembly finds that a substantial number of passengers under the age of 6 years riding in motor vehicles, which are most frequently operated by a parent, annually die or sustain serious physical injury as a direct result of not being placed in a child passenger restraint system. The General Assembly further finds that the safety of the motoring public is seriously threatened as indicated by the significant number of traffic accidents annually caused, directly or indirectly, by driver distraction or other impairment of driving ability induced by the movement or actions of unrestrained passengers under the age of 6 years.

It is the purpose of this Act to further protect the health, safety and welfare of motor vehicle passengers under the age of 6 years and the motoring public through the proper utilization of approved child restraint systems. P.A. 83-8, Section 2, eff. July 1, 1983.

25/3. Definitions

Section 3. Definitions. The terms "highway", "motor vehicle", "owner", "police officer", "recreational vehicle", "roadway", and "street" as used in this Act, unless the context

otherwise requires, have the meaning ascribed to them in The Illinois Vehicle Code, as now or hereafter amended.[1] For the purpose of this Act, "motor vehicle" does not include motorcycles. P.A. 83-8, Section 3, eff. July 1, 1983.

[1] 625 ILCS 5/1-100 et seq.

25/4. Transporting child under age of 4; restraint system

Section 4. When any person is transporting a child in this State under the age of 4 years in a non-commercial motor vehicle of the first division, a motor vehicle of the second division with a gross vehicle weight rating of 9,000 pounds or less, or a recreational vehicle on the roadways, streets or highways of this State, such person shall be responsible for providing for the protection of such child by properly securing him or her in a child restraint system. The parent or legal guardian of a child under the age of 4 years shall provide a child restraint system to any person who transports his or her child. Any person who transports the child of another shall not be in violation of this Section unless a child restraint system was provided by the parent or legal guardian but not used to transport the child.

For purposes of this Section and Section 4a, "child restraint system" means any device which meets the standards of the United States Department of Transportation designed to restrain, seat or position children. P.A. 83-8, Section 4, eff. July 1, 1983. Amended by P.A. 85-1209, Art. III, Section 3-62, eff. Aug. 30, 1988; P.A. 86-1241, Section 1, eff. Jan. 1, 1991; P.A. 88-17, Section 5, eff. Jan. 1, 1994.

25/4a. Children 4 years of age or older but under age of 6 - Restraint system or seat belts

Section 4a. Every person, when transporting a child 4 years of age or older but under the age of 6, as provided in Section 4 of this Act, shall be responsible for securing that child in either a child restraint system or seat belts. P.A. 83-8, Section 4a, eff. July 1, 1983. Amended by P.A. 86-1241, Section 1, eff. Jan. 1, 1991; P.A. 88-17, Section 5, eff. Jan. 1, 1994.

25/4b. Children 6 years of age or older but under the age of 18; seat belts

Section 4b. Children 6 years of age or older but under the age of 18; seat belts. Every person under the age of 18 years, when transporting a child 6 years of age or older but under the age of 18 years, as provided in Section 4 of this Act, shall be responsible for securing that child in a properly adjusted and fastened seat safety belt. P.A. 83-8, Section 4b, added by P.A. 90-369, Section 10, eff. Jan. 1, 1998.

25/5. Failure to secure or properly secure child - Negligence - Admissibility in trial

Section 5. In no event shall a person's failure to secure a child under 6 years of age in an approved child restraint system or properly secure such child, if age 4 or 5, in a seat belt constitute contributory negligence or be admissible as evidence in the trial of any civil action. P.A. 83-8, Section 5, eff. July 1, 1983. Amended by P.A. 86-1241, Section 1, eff. Jan. 1, 1991.

25/6. Violations - Fines

Section 6. A violation of this Act is a petty offense punishable by a fine of not more than $25 waived upon proof of possession of an approved child restraint system as defined under this Act. A subsequent violation of this Act is a petty offense punishable by a fine of not more than $50. P.A. 83-8, Section 6, eff. July 1, 1983.

25/7. Arrests - Prosecutions

Section 7. Arrests - Prosecutions. The State Police shall patrol the public highways and make arrests for a violation of this Act. Police officers shall make arrests for violations of this Act occurring upon the highway within the limits of a county, city, village, or unincorporated town or park district.

The State's Attorney of the county in which the violation of this Act occurs shall prosecute all violations except when the violation occurs within the corporate limits of a municipality, the municipal attorney may prosecute if written permission to do so is obtained from the State's Attorney.

The provisions of this Act shall not apply to a child passenger with a physical disability of such a nature as to prevent appropriate restraint in a seat, provided that the disability is duly certified by a physician who shall state the nature of the disability, as well as the reason the restraint is inappropriate. No physician shall be liable, and no cause of action may be brought for personal injuries resulting from the exercise of good faith judgment in making certifications under this provision. P.A. 83-8, Section 7, eff. July 1, 1983. Amended by P.A. 85-1277, Section 1, eff. Aug. 30, 1988; P.A. 88-685, Section 10, eff. Jan. 24, 1995.

25/8. Repealer

Section 8. The "Child Passenger Restraint Act", enacted by the 82nd General Assembly, is repealed. P.A. 83-8, Section 8, eff. July 1, 1983.

25/9. Effective date

Section 9. This Act takes effect July 1, 1983. P.A. 83-8, Section 9, eff. July 1, 1983.

APPENDIX F

ADDITIONAL REFERENCES AND RESOURCES

ADDITIONAL REFERENCES AND RESOURCES

Illinois Department of Children and Family Services, Day Care Rules, Subpart F: Structure and Safety, Section 407.280 Transportation. Available at: DCFS homepage, http://www.state.il.us/dcfs, or 406 East Monroe, Springfield, 62701-1498, 1-800-232-3798, FAX (217) 524-3345. (Note: These rules apply only to those schools and day care centers licensed by DCFS.)

1995 National Standards for School Transportation, Recommendations of the 12th National Conference on School Transportation. Available from: Missouri Safety Center, Central Missouri State University, Humpreys Suite 201, Warrensburg, Missouri, 64093, (816) 543-4830.

TransporTots, Considerations for Risk Management During the Transportation of Young Children: A Guidance Document; An Interagency Project funded by the West Virginia Department of Education and the West Virginia Department of Health and Human Resources, Bureau for Public health, Office of Maternal and Child Health, Part H Early Intervention Program and developed in conjunction with the West Virginia Head Start Association. Available from: West Virginia Department of Education, 1900 Kanawha Blvd. East, Building 6, Room B-358, Charleston, West Virginia 25303, (304) 558-2711.

To obtain an Illinois Vehicle Code:

Illinois Secretary of State's Office
Vehicle Services Department
312 Howlett Building
Springfield, Illinois 62756

Web site: www.sos.state.il.us

RB\058BC513w6

Guideline for the Safe Transportation of Pre-school Age Children in School Buses

National Highway Traffic Safety Administration
February 1999

Introduction

School age children transported in school buses are safer than children transported in motor vehicles of any other type. Large school buses provide protection because of their size and weight. Further, they must meet minimum Federal motor vehicle safety standards (FMVSSs) mandating compartmentalized seating, improved emergency exits, stronger roof structures and fuel systems, and better bus body joint strength.

As more pre-school age children are transported to school programs, often in school buses, the public is increasingly asking the National Highway Traffic Safety Administration (NHTSA) about how to safely transport them. To help answer these questions, NHTSA conducted crash testing of pre-school age size dummies in school bus seats. The test results showed that pre-school age children in school buses are safest when transported in child safety restraint systems (CSRSs) that meets FMVSS 213, Child Restraint Systems, and are correctly attached to the seats.

Based on its research, NHTSA recommends pre-school age children transported in school buses always be transported in properly secured CSRSs. In partial response to questions from school (and child care) transportation offices, this Guideline seeks to assist school and other transportation managers in developing and implementing policies and procedures for the transportation of pre-school age children in school buses.

Note: The proper installation of CSRSs necessitates that a school bus seat have safety belts or other means of securing the CSRS to the seat. NHTSA recommends that lap belts or anchorages designed to meet FMVSS 225, Tether Anchorages and Child Restraint Anchorage Systems, be voluntarily installed to secure CSRSs in large school buses.

RECOMMENDATIONS FOR THE TRANSPORTATION OF PRE-SCHOOL AGE CHILDREN IN SCHOOL BUSES

When pre-school age children are transported in a school bus, NHTSA recommends these guidelines be followed:

(1) Each child should be transported in a Child Safety Restraint System (suitable for the child's weight and age) that meets applicable Federal Motor Vehicle Safety Standards (FMVSSs).

(2) Each child should be properly secured in the Child Safety Restraint System.

(3) The Child Safety Restraint System should be properly secured to the school bus seat, using anchorages that meet FMVSSs.

Child Safety Restraint System Defined

A Child Safety Restraint System is any device (except a passenger system lap seat belt or lap/shoulder seat belt), designed for use in a motor vehicle to restrain, seat, or position a child who weighs less than 50 pounds.

Child Safety Restraint Systems Guideline

1. **Child Safety Restraint System Specifications**

The provider of the CSRS should ensure:

Each pre-school age child to be transported has a CSRS appropriate for the child's weight, height, and age.

Each CSRS meets all applicable FMVSSs (look for the manufacturer's certification on the label attached to the system).

Each CSRS has been registered with the CSRS's manufacturer to facilitate any recalls the manufacturer might conduct.

If the CSRS is the subject of a recall, any necessary repairs or modifications have been made to the manufacturer's specifications.

Each CSRS is maintained as recommended by its manufacturer, including disposal of any CSRS that has been involved in a crash.

2. **Proper Securement**

The transportation provider should ensure:

The CSRS is used and secured correctly in the school bus.

Each child is secured in CSRSs according to manufacturer's instructions.

All CSRS attachment hardware and anchorage systems meet FMVSS 210, Seat Belt Assembly Anchorages or FMVSS 225, Tether Anchorages and Child Restraint Anchorage Systems.

School bus seats designated for CSRSs meet FMVSS 225, or include lap belts that meet FMVSS 209, Seat Belt Assemblies, and anchors that meet FMVSS 210 (designed to secure adult passengers or CSRS).

Personnel responsible for securing CSRSs onto school bus seats and children into CSRSs are properly trained and all personnel involved with CSRSs are provided up-to-date information and training.

When transported in the school bus, pre-school age children are supervised according to their developmental and functioning level.

3. **School Bus Seats Designated for Child Safety Restraint Systems**

The transportation provider should ensure:

School-bus seats designated for CSRSs are located starting at the front of the vehicle to provide drivers with quick access to and a clear view of the CSRS occupants.

CSRS anchorages on school bus seats should meet all applicable FMVSSs.

When ordering new school buses, the maximum spacing specified under FMVSS No. 222, School Bus Passenger Seating and Crash Protection, (within 24 inches from the seating reference point) is recommended for seats designated for CSRSs to provide adequate space for the CSRSS.

The combined width of CSRS and/or other passengers on a single seat does not exceed the width of the seat.

If other students share seats with the CSRSs, the CSRSs are placed in window seating position.

4. Retrofitting School Buses

The transportation provider should ensure:

Existing school bus seats should only be retrofitted with lap belts or child restraint anchorages as instructed by the school bus manufacturer.

When a school bus is retrofitted with a seat to allow for proper securement of a CSRS, instructions obtained from the school bus or seat manufacturer on how to install the seat and restraint systems should be followed.

When a school bus is retrofitted, the bus owner should ensure that seat spacing is sufficient for the CSRS to be used.

5. Evacuation

The transportation provider should ensure:

The establishment of a written plan on evacuating pre-school age children and other in CSRSs in the event of an emergency. This written plan should be provided to drivers, monitors, and emergency response personnel. The plan should explicitly state how children (both in and out of the CSRS) should be evacuated from the school bus.

Evacuation drills are practiced on a scheduled basis, at least as often as that required for the school system's school-aged children.

All personnel involved in transporting children are trained in evacuation and emergency procedures, including those in the written school bus evacuation plan.

All school buses carrying children in CSRSs carry safety belt cutters that are accessible only to the driver and any monitors.

CSRSs are not placed in school bus seats adjacent to emergency exits.

Local emergency response teams are provided copies of the written school bus evacuation plan, including evacuation of pre-school age children. Emergency response personnel should be invited to participate in evacuation drills.

6. Other Recommendations

The school transportation provider should establish a policy on whether they or the child's guardian must supply a CSRS to be used on a school bus.

School bus purchases should be based on the needs of a projected student population, taking into consideration projected ages, sizes, and other characteristics of the students, including any special needs, and whether pre-school age children or medically fragile students will be transported.

Specified procedures should be established for loading and unloading children in CSRSs.

Procedures should be established for the periodic maintenance, cleaning, and inspection for damage of CSRSs.

Procedures should be established to train personnel involved in direct service delivery of infants, toddlers, and pre-school children on the physical day-to-day handling of these young children and means to handle potential exposure to contagious and communicable diseases.

When school bus procedures are established, it should be noted that some children in CSRSs may have special needs, including medical fragility, that must be addressed on a child-by-child basis.

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 407
LICENSING STANDARDS FOR DAY CARE CENTERS

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407.45 Definitions

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407.55 Application for Renewal of License
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SUBPART H: FACILITY AND EQUIPMENT

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407.400 Severability of this Part

APPENDIX A Equipment for Infants and Toddlers
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AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10]

SOURCE: Adopted and codified at 7 Ill. Reg. 9215, effective August 15, 1983; amended at 8 Ill. Reg. 8713, effective June 15, 1984; amended at 8 Ill. Reg. 24937, effective January 1, 1985; amended at 16 Ill. Reg. 7597, effective April 30, 1992 emergency amendment at 20 Ill. Reg. 11366, effective August 1, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 923, effective January 15, 1997, amended at 22 Ill. Reg., effective January 1, 1998.

3) Firm positive statements about behaviors or redirection of behaviors shall be the accepted techniques for use with infants and toddlers.

4) Removal from the group to help a child gain control shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

5) Children shall not be disciplined for toilet accidents.

6) The following behaviors are prohibited in all child care settings:

A) Corporal punishment, including - hitting, spanking, swatting beating, shaking, pinching and other measures intended to induce physical pain or fear;
B) Threatened or actual withdrawal of food, rest or use of the bathroom;
C) Abusive or profane language;
D) Any form of public or private humiliation, including threats of physical punishment; and
E) Any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.

d) Preschool and school-age children shall have reasonable opportunity to resolve their own conflicts.

e) Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

f) When there is a specific plan for responding to a child's pattern of unacceptable behavior, all staff who affect the child shall be aware of the plan and cooperate in its implementation.

g) Clinical behavior management plans may be developed to meet the needs of a particular child if developed with the parent and a professional clinician. This must be documented in the child's file. All staff working with the child shall receive training on implementing the plan.

(Source: Added at 22 Ill. Reg., effective January 1, 1998)

Section:.407.280 Transportation

a) These requirements shall apply to any day care center that provides or arranges for the provision of transportation for children as follows:

1) To or from their homes or other pre-arranged sites and the center;
2) In connection with an activity conducted by or through the auspices of the center; and

3) From the center to a hospital, clinic or office for medical treatment (except in emergency situations).

b) A center providing transportation services shall comply with the driver licensing, Rules of the Road, financial responsibility, vehicle equipment and vehicle inspection provisions of the Illinois Vehicle Code [625 ILCS 5].

c) The driver of a vehicle transporting children on behalf of a day care center, whether paid or unpaid, shall comply with the following requirements:

1) *is 21 years of age or older;*

2) *currently holds a valid driver's license, which has not been revoked or suspended for one or more traffic violations during the three years immediately prior to the date of application;*

3) *demonstrates physical fitness to operate vehicles by submitting the results of a medical examination conducted by a licensed physician,*

4) *has not been convicted of more than two offenses against traffic regulations governing the movement of vehicles within a twelve month period;*

5) *has not been convicted of reckless driving or driving under the influence or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the past three years;*

6) *has signed and submitted a written statement certifying that he has not, through the unlawful operation of a motor vehicle, caused an accident which resulted in the death of any person within the five years immediately prior to the date of application.*

However, any day care center may provide for transportation of a child or children for special outings, functions or purposes that are not scheduled on a regular basis without verification that drivers for such purposes meet the requirements of this Section. [225 ILCS 10/5.1 (a)]

d) A child care facility driver application and a copy of the current medical form shall be submitted to the Department for any individual who transports children regularly on behalf of a day care center.

e) *Any individual who holds a valid* unrestricted *Illinois school bus driver permit issued by the Secretary of State pursuant to the Illinois Vehicle Code, and who is currently employed by a school district or parochial school, or by a contractor with a school district or parochial school, to drive a school bus transporting children to and from school, shall be deemed in compliance with the requirements of* subsections (c) and (d) above. [225 ILCS 10/5.1 (b)].

f) The driver and attendants shall meet the requirements of Section 407.100.

9) The driver shall not leave the vehicle unattended at any time while transporting children.

h) The driver shall see that each child boards and exits the vehicle from the curb side of the street and/or is safely conducted across the street. The route shall be planned so that, whenever possible, the child exits on the same side of the street as the child's destination.

i) The driver shall see that a responsible person as designated by the child's parents or guardian is present to take charge of a child when delivered to his or her destination.

j) The driver shall see that order is maintained in the vehicle for safety of the children in transit.

k) The number of children transported in a vehicle shall not exceed the manufacturer's rated passenger capacity.

l) The staff/child ratios as listed in this subsection shall be maintained.

1) A driver alone may transport two infants or three toddlers and shall be assisted by an adult attendant for each additional one to three infants or one to four toddlers.

2) A driver alone may transport eight children between two and five years of age and shall be assisted by an adult attendant for each additional one to eight children between two and five years of age.

3) A driver alone may transport ten children between three and five years of age and shall be assisted by an adult attendant for each additional one to ten children between three and five years of age.

4) When children under two years of age are transported with children two years of age or older, the staff/child ratio shall be in accordance with Section 407.190.

5) When school-age children are transported for program activities, the staff/child ratio shall be in accordance with Section 407.190.

m) Age-appropriate safety restraints which are federally approved and labeled as such shall be used at all times when transporting children in vehicles having a gross weight of less than 10,000 pounds, except that individual safety restraints shall not be required when children ride as passengers in taxicabs or common carriers or public utilities operating under the jurisdiction of the Illinois Commerce Commission. No more than one child may be in each seat belt.

n) A vehicle used by the center to transport children shall be maintained in mechanically safe condition at all times. The driver must inspect the vehicle before use each day, both internally and externally, including all safety equipment and possible hazards, and ensure that the headlights, turn signals, stop arms, and windshield wipers are in sound operating condition, that the tires are inflated to correct pressure and the vehicle has more than an adequate supply of fuel for transportation that day.

o) The driver shall inspect the vehicle after each use to assure that no child is left in the vehicle.

p) Any vehicle used for the transportation of children on behalf of the day care center shall be equipped with a first-aid kit when used for transporting children. The first-aid kit shall consist of the items required by Section 407.380.

q) A written emergency plan to be followed in case of accidents, serious illness, severe weather alerts, and other pertinent information shall be maintained. The emergency plan shall remain in the possession of the driver while en route.

r) With the exception of school buses, vehicle doors shall be locked at all times when the vehicle is moving. The doors shall be opened and closed only by the driver or by another designated adult.

s) The driver shall not allow children to stand in a moving vehicle, sit on the floor of a vehicle in use or extend any part of their body through the vehicle windows.

t) The facility shall maintain a written plan for scheduled transportation of children, which shall include:

1) The schedule of the transportation route. When after-school transportation is provided, the schedule shall insure that children are not left waiting for a long period for the vehicle to arrive;

2) The name and address of the persons authorized to receive a child delivered to a place other than the child's residence;

3) Procedures to be followed when the parent or authorized adult is not present to receive the child; and

4) Written safety precautions to be followed, along with a written emergency plan.

(Source: Added at 22 Ill. Reg., effective January 1, 1998)

Section 407.290 Swimming and Wading

a) Swimming and wading pools shall be appropriately maintained and supervised.

Seats for Growing Children

Request this 26-page document from Alvida Petro, Illinois State Board of Education: 217/782-5256; fax: 217/782-3910; or e-mail: apetro@smtp.isbe.state.il.us.

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